

RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

October 26, 2000

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

Progressive Insurance Company Insurance carrier Trina Blake P.O. Box 43256 Richmond Heights, Ohio 44143

00-R-1606

RE: Gary Shum

Dear Ms. Blake:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on October 26, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400**.

Yours very truly,

Rhonda Dauphin Johnson, CMC Municipal Clerk

cc: Claims Division/Law Department

Atlanta City Council

Regular Session

MUTIPLE

CLAIMS WITH FAVORABLE/Unfavor recommend ITEMS 1-29

00-R-1606

ADOPT

YEAS: 13 NAYS: 0 ABSTENTIONS: 0

NOT VOTING: 1 EXCUSED: 1 ABSENT 1

Y Dorsey Y McCarty Y Moore Y Thomas Y Starnes Y Woolard B Martin Y Emmons Y Bond Y Morris Y Maddox E Alexander Y Winslow Y Muller Y Boazman NV Pitts

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>99L0857</u>	Date: _	September 18, 2000
Claimant /Victim GARY SHUM		
BY: (Ins. Co.) Progressive Insurance Comr	anv	
BY: (Ins. Co.) Progressive Insurance Comp Address: P. O. Box 43256, Richmond Subrogation: X Claim for Property damage \$ 2 Date of Notice: 12/17/09 Method: Written	Heights, Ohio 44143	
Subrogation: X Claim for Property damage \$ 2	779.83 Bo	dily Injury \$
Date of Notice: 12/17/00 Method: Writte	en proper Y	Improper
Conforms to Notice: O.C. C. A. \$26.23.5	Anta Litan	(6 Mo.)
Data of Occumenta 02/01/00	470 Armour Drive	NIE
Date of Occurrence <u>05/01/99</u> Place.	470 Almour Drive,	NE .
Date of Notice: 12/17/99 Method: Writte Conforms to Notice: O.C.G.A. §36-33-5 X Date of Occurrence 03/01/99 Place: Department Police Divi Employee involved Caroline C. Fenimore	Sion:	NI. A.A. Talan
Employee involved <u>Caroline C. Fenimore</u>	Disciplinary Action:	No Action Taken
NATURE OF CLAIM: The claimant failed to yield		
accident. Furthermore, the claim as presented does not	comply with the req	uirements of notice as set forth in
O.C.G.A.§36-33-5, the six month statute of limitations e	xpired prior to receipt	of the claim.
INVESTIGATION:		
Statements: City employee Claimant Pictures Diagrams Reports: Police _ Traffic citations issued: City Driver X	Others X W	/ritten Oral X
Pictures Diagrams Reports: Police	X Dept Repor	t Other
Traffic citations issued: City Driver X	Claimant Driver	<u>X</u>
Citation disposition: City Driver <u>Dismissed</u>	Claimant Driver	Dismissed
Charlon disposition. City Divor		Diominosou
BASIS OF RECOMMENDATION:		
Function: Governmental X	Ministerial	
Function: Governmental X Improper Notice More than Six Months	X Other X	Damages reasonable
City not involved Offer rejecte	d Compr	comise settlement
Repair/replacement by Ins. Co.	Danoir/ranlacement l	or City Forces
Claimant Negligent X City Negligent	_Kepan/replacement	Claim Abandoned
Claimant Negligent X City Negligent	JOIIII	Claim Adandoned
	Respectfully submitted,	
	Man	hullen
	INVESTIGATOR	- DIANNE C. MITCHELL
RECOMMENDATION:		
Pay \$ Adverse X A	count charged: 1A01	2J01 2H01
Claims Manager:		29-18-00
Committee Action:	Concul/date	
Committee Action.		

FORM 23-61

progressive.com

M/ Zhall 12/20/99

COMPANY:

ADJUSTER:

ENTERED - 12-27-99 - SB 99L0857 - DIANNE MITCHELL

FAX NO.:

Our Insured: Our Claim No. Date of Loss:

Your Insured: Your Claim/Policy No.:

Total Subrogation Balance:

(THIS FIGURE INCLUDES OUR INSURED'S

DEDUCTIBLE)

Please take this letter as formal notice of our subrogation rights with regards to the above-captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

subrogee of "Progressive Insurance," make your draft payable to ", in the amount stated above and mail it to the attention of the undersigned at your earliest possible convenience.

All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated prompt attention to this matter.

PROGRESSIVE INSURANCE COMPANY

Trina Blake Subrogation Representative (440) 395-3143

Entered - 12/27/99 - sb CL99L0857 - DIANNE C. MITCHELL

00- _β -1606

CLAIM OF:

GARY SHUM,

through his insurance carrier, Progressive Insurance Company

P. O. Box 43256

Richmond Heights, Ohio 44143

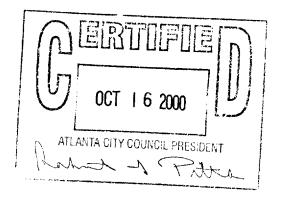
For damages alleged to have been sustained as a result of a vehicular accident on March 1, 1999 at 470 Armour Drive, NE.

THIS ADVERSED REPORT IS APPROVED

BY: <u>POOLUGO Pubers Newell</u>
ROSALIND RUBENS NEWELL Regular Report Agenda

7.5 1. A 10/16/00 1- Clela Howalow

STYFEETREE OOT 1 8 2000



OERTIFIED

OCT 1 6 2003

MUNICIPAL CLERK